

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7	1					
8		1				
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19	1					
20		1				
21						
22						
23						
24						
25						
26		1				
27	1					
28						
29						
30						
31						
32						
33						
34	1					
35			1			
36				1		
37				1		
38				1		
39				1		
40				1		
41				1		
42				1		
43				1		
44				1		
45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						/
52						/
53						/
54						/
55						/
56						/
57						/
58						/
59						/
60						/
61						/
62						/
63						③
64						③
65						③
66						③
67						③
68						③
69						③
70						
71						
72						
73						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.				3		↓
TOTAL DEP.		←	32	←		←
TOTAL CLAIMS			35			